



Your business
is our business.

REDACTED FOR PUBLIC INSPECTION

7852 Walker Drive, Suite 200
Greenbelt, Maryland 20770
phone: 301-459-7590, fax: 301-577-5575
internet: www.jsitel.com, e-mail: jsi@jsitel.com

June 30, 2017

Via Hand Delivery

Marlene H. Dortch, Secretary
Federal Communications Commission
Office of the Secretary
445 12th Street, SW
Washington, DC 20554

**Re: WC Docket No. 14-58
2017 ETC Annual Report of Oxford County Telephone Company
Study Area Code 100019**

Dear Ms. Dortch:

On behalf of Oxford County Telephone Company ("Company"), JSI files the attached confidential version of the FCC Form 481 ETC annual reporting information pursuant to sections 54.313 and 54.422 of the Commission's rules.¹ Company seeks confidential treatment under Protective Order for section 54.313(f)(2) financial information.² The redacted version is being filed this date via the FCC's Electronic Comment Filing System.

Please direct any questions regarding the filing to the undersigned.

Sincerely,

John Kuykendall
JSI Vice President
301-459-7590
jkuykendall@jsitel.com

¹ 47 C.F.R. §§ 54.313, 54.422.

² *Connect America Fund et al.*, WC Docket Nos. 10-90 and 14-58, Protective Order, DA 16-296 rel. March 22, 2016 (Protective Order). 47 C.F.R. § 54.313(f)(2).

**FCC Form 481 - Carrier Annual Reporting
Data Collection Form****REDACTED FOR PUBLIC INSPECTION**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	100019
<015>	Study Area Name	OXFORD COUNTY TEL
<020>	Program Year	2018
<030>	Contact Name: Person USAC should contact with questions about this data	Dawna Hannan
<035>	Contact Telephone Number: Number of the person identified in data line <030>	2073333455 ext.
<039>	Contact Email Address: Email of the person identified in data line <030>	dhannan@firstlight.net
	Form Type	54.313 and 54.422

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<210> For the prior calendar year, were there any reportable voice service outages?							No					
<220>	<a>	<b1>	<b2>	<b3>	<b4>	<c1>	<c2>	<d>	<e>	<f>	<g>	<h>

[illegible]

(300) Unfulfilled Service Request Data Collection Form	FCC Form 481
	OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013

<010>	Study Area Code	100019
<015>	Study Area Name	OXFORD COUNTY TEL
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Dawna Hannan
<035>	Contact Telephone Number - Number of person identified in data line <030>	2073333455 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	dhannan@firstlight.net

<300> Unfulfilled service request (voice)	0
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<310> Detail on attempts (voice)

Name of Attached Document

<320> Unfulfilled service request (broadband)

5

100019me330.pdf

<330> Detail on attempts (broadband)

Name of Attached Document

(400) Number of Complaints per 1,000 customers Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	100019
<015>	Study Area Name	OXFORD COUNTY TEL
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Dawna Hannan
<035>	Contact Telephone Number - Number of person identified in data line <030>	2073333455 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	dhannan@firstlight.net
<400>	Select from the drop-down list to indicate how you would like to report voice complaints (zero or greater) for voice telephony service in the prior calendar year for each service area in which you are designated an ETC for any facilities you own, operate, lease, or otherwise utilize. Offered only fixed voice	
<410>	Complaints per 1000 customers for fixed voice	0 . 0
<420>	Complaints per 1000 customers for mobile voice	
<430>	Select from the drop-down list to indicate how you would like to report end-user customer complaints (zero or greater) for broadband service in the prior calendar year for each service area in which you are designated an ETC for any facilities you own, operate, lease, or otherwise utilize. Offered only fixed broadband	
<440>	Complaints per 1000 customers for fixed broadband	0 . 0
<450>	Complaints per 1000 customers for mobile broadband	

(500) Compliance With Service Quality Standards and Consumer Protection Rules		FCC Form 481
Data Collection Form		OMB Control No. 3060-0986/OMB Control No. 3060-0819
		July 2013

<010>	Study Area Code	100019
<015>	Study Area Name	OXFORD COUNTY TEL
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<030>	Contact Name - Person USAC should contact regarding this data	Dawna Hannan
<035>	Contact Telephone Number - Number of person identified in data line <030>	2073333455 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	dhannan@firstlight.net
<500>	Certify compliance with applicable service quality standards and consumer protection rules	Yes
100019me510 .pdf		
<510>	Descriptive document for Service Quality Standards & Consumer Protection Rules Compliance	
<515>	Certify compliance with applicable minimum service standards	

(600) Functionality in Emergency Situations Data Collection Form	REDACTED FOR PUBLIC INSPECTION	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	100019
<015>	Study Area Name	OXFORD COUNTY TEL
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Dawna Hannan
<035>	Contact Telephone Number - Number of person identified in data line <030>	2073333455 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	dhannan@firstlight.net
<600>	Certify compliance regarding ability to function in emergency situations	Yes
<610>	Descriptive document for Functionality in Emergency Situations	100019me610.pdf

Page 8

(710) Broadband Price Offerings Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	100019
<015>	Study Area Name	OXFORD COUNTY TEL
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Dawna Hannan
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<039>	Contact Email Address - Email Address of person identified in data line <030>	dhannan@firstlight.net

[illegible]

**(900) Tribal Lands Reporting
Data Collection Form**

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	100019
<015>	Study Area Name	OXFORD COUNTY TEL
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Dawna Hannan
<035>	Contact Telephone Number - Number of person identified in data line <030>	2073333455 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	dhannan@firstlight.net

<900> Does the filing entity offer tribal land services? (Y/N) No

<910> Tribal Land(s) on which ETC Serves

<920> Tribal Government Engagement Obligation

Name of Attached Document

If your company serves Tribal lands, please select (Yes, No, NA) for each these boxes to confirm the status described on the attached PDF, on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

- <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions.
- <922> Feasibility and sustainability planning;
- <923> Marketing services in a culturally sensitive manner;
- <924> Compliance with Rights of way processes
- <925> Compliance with Land Use permitting requirements
- <926> Compliance with Facilities Siting rules
- <927> Compliance with Environmental Review processes
- <928> Compliance with Cultural Preservation review processes
- <929> Compliance with Tribal Business and Licensing requirements.

Select Yes or No or Not Applicable

**(1000) Voice and Broadband Service Rate Comparability
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	100019
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<039>	Contact Email Address - Email Address of person identified in data line <030>	dhannan@firstlight.net

<1000> Voice services rate comparability certification Yes

<1010> Attach detailed description for voice services rate comparability compliance

Name of Attached Document

<1020> Broadband comparability certification

Yes - Pricing is no more than the most recent applicable benchmark announced by the Wireline Competition Bureau

<1030> Attach detailed description for broadband comparability compliance

Name of Attached Document

**(1100) No Terrestrial Backhaul Reporting
Data Collection Form**

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	100019
<015>	Study Area Name	OXFORD COUNTY TEL
<020>	Program Year	2018
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<039>	Contact Email Address - Email Address of person identified in data line <030>	dhannan@firstlight.net

<1100> Certify whether terrestrial backhaul options exist (Y/N)

Yes

<1130> Please select the appropriate response (Yes, No, Not Applicable) to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(g).

(1200) Terms and Condition for Lifeline Customers
Lifeline
Data Collection Form

FCC Form 481
 OMB Control No. 3060-0986/OMB Control No. 3060-0819
 July 2013

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<039>	Contact Email Address - Email Address of person identified in data line <030>	dhannan@firstlight.net

100019me1210.pdf

Name of Attached Document

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

<1220> Link to Public Website

HTTP

"Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

- | | | |
|--------|---|-------------------------------------|
| <1221> | Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers, | <input checked="" type="checkbox"/> |
| <1222> | Details on the number of minutes provided as part of the plan, | <input checked="" type="checkbox"/> |
| <1223> | Additional charges for toll calls, and rates for each such plan. | <input checked="" type="checkbox"/> |

(2005) Price Cap Carrier Additional Documentation Data Collection Form <i>Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers</i>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	100019
<015>	Study Area Name	OXFORD COUNTY TEL
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<035>	Contact Telephone Number - Number of person identified in data line <030>	2073333455 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	dhannan@firstlight.net

Select the appropriate responses below (Yes, No, Not Applicable) to note compliance as a recipient of Incremental High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e). The information reported on this form and in the documents attached below is accurate.

Incremental Connect America Phase I reporting

<2011> 3rd Year Certification 47 CFR §54.313(b)(1)(ii) - Note that for the July 2017 certification, this applies to Round 2 recipients of Incremental Support.	<input style="width: 100px; height: 20px; border: 1px solid black;" type="text"/>	
<2022> Recipient certifies, representing year three after filing a notice of acceptance of funding pursuant to 54.312(c), that the locations in question are not receiving support under the Broadband Initiatives Program or the Broadband Technology Opportunities Program for projects that will provide broadband with speeds of at least 4 Mbps/1Mbps - 54.313(b)(2)(i). Round 2 recipients only.	<input style="width: 100px; height: 20px; border: 1px solid black;" type="text"/>	
<2023> The attachment on line 2024 includes a statement of the total amount of capital funding expended in the previous year in meeting Connect America Phase I deployment obligations, accompanied by a list of census blocks indicating where funding was spent. This covers year three - 54.313(b)(2)(ii). Round 2 recipients only.	<input style="width: 100px; height: 20px; border: 1px solid black;" type="text"/>	
<2024A> Round 2 Recipient of Incremental Support?	<input style="width: 100px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 200px; height: 60px; border: 1px solid black;" type="text"/>
<2024B> Attach list of census blocks indicating where funding was spent in year three - 54.313(b)(2)(ii). Round 2 recipients only.	Name of Attached Document Listing Required Information	
<2025A> Round 2 Recipient of Incremental Support?	<input style="width: 100px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 200px; height: 60px; border: 1px solid black;" type="text"/>
<2025B> Attach geocoded Information for Phase I milestone reports (Round 2 for year three) - Connect America Fund , WC Docket 10-90, Report and Order, FCC 13-73, paragraph 35 (May 22, 2013).	Name of Attached Document Listing Required Information	
<2015> 2016 and future Frozen Support Certification 47 CFR § 54.313(c)(4)	<input style="width: 100px; height: 20px; border: 1px solid black;" type="text"/>	

(2005) Price Cap Carrier Additional Documentation

Data Collection Form

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}

<2016> Certification support used to build broadband

Connect America Phase II Reporting {47 CFR § 54.313(e)}

<2017A> Connect America Fund Phase II recipient?

<2017C> Total amount of Phase II support, if any, the price cap carrier used for capital expenditures in 2016.

<2018> Attach the number, names, and addresses of community anchor institutions to which the carrier newly began providing access to broadband service in the preceding calendar year - 54.313(e)(1)(ii)(A)

Name of Attached Document Listing
Required Information

<2019> Recipient certifies that it bid on category one telecommunications and Internet access services in response to all FCC Form 470 postings seeking broadband service that meets the connectivity targets for the schools and libraries universal service support program for eligible schools and libraries located within any area in a census block where the carrier is receiving Phase II model-based support, and that such bids were at rates reasonably comparable to rates charged to eligible schools and libraries in urban areas for comparable offerings - 54.313(e)(1)(ii)(C)

(3005) Rate Of Return Carrier Additional Documentation
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	100019
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<039>	Contact Email Address - Email Address of person identified in data line <030>	dhannan@firstlight.net

Select from the drop down menu or check the boxes below to note compliance with 54.313(f)(1). Privately held carriers must ensure compliance with the financial reporting requirements set forth in 47 CFR 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

(3009)	Progress Report on 5 Year Plan Carrier certifies to 54.313(f)(1)(iii)		
		Yes - Attach Certification	
(3010A)	Certification of Public Interest Obligations {47 CFR § 54.313(f)(1)(i)}		
(3010B)	Please Provide Attachment	Name of Attached Document Listing Required Information	100019me3010.pdf
(3012A)	Community Anchor Institutions {47 CFR § 54.313(f)(1)(ii)}	No - No New Community Anchors	
(3012B)	Please Provide Attachment	Name of Attached Document Listing Required Information	
(3013)	Is your company a Privately Held ROR Carrier {47 CFR § 54.313(f)(2)}	(Yes/No)	<input checked="" type="radio"/> <input type="radio"/>
(3014)	If yes, does your company file the RUS annual report	(Yes/No)	<input type="radio"/> <input checked="" type="radio"/>
Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:			
(3015)	Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)		<input type="checkbox"/>
(3016)	Document(s) with Balance Sheet, Income Statement and Statement of Cash Flows		<input type="checkbox"/>
(3017)	If the response is yes on line 3014, attach your company's RUS annual report and all required documentation	Name of Attached Document Listing Required Information	
(3018)	If the response is no on line 3014, is your company audited?	(Yes/No)	<input checked="" type="radio"/> <input type="radio"/>
If the response is yes on line 3018, please check the boxes below to confirm your submission on line 3026 pursuant to § 54.313(f)(2), contains:			
(3019)	Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers		<input checked="" type="checkbox"/>
(3020)	Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows		<input checked="" type="checkbox"/>
(3021)	Management letter and/or audit opinion issued by the independent certified public accountant that performed the company's financial audit.		<input checked="" type="checkbox"/>
If the response is no on line 3018, please check the boxes below to confirm your submission on line 3026 pursuant to § 54.313(f)(2), contains:			
(3022)	Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers		<input type="checkbox"/>
(3023)	Underlying information subjected to a review by an independent certified public accountant		<input type="checkbox"/>
(3024)	Underlying information subjected to an officer certification.		<input type="checkbox"/>
(3025)	Document(s) with Balance Sheet, Income Statement and Statement of Cash Flows		<input type="checkbox"/>
(3026)	Attach the worksheet listing required information	Name of Attached Document Listing Required Information	100019me3026.pdf

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(3005) Rate Of Return Carrier Additional Documentation (Continued)

FCC Form 481

Data Collection Form

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	100019
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<035>	Contact Telephone Number - Number of person identified in data line <030>	2073333455 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	dhannan@firstlight.net

Financial Data Summary

(3027) Revenue

(3028) Operating Expenses

(3029) Net Income

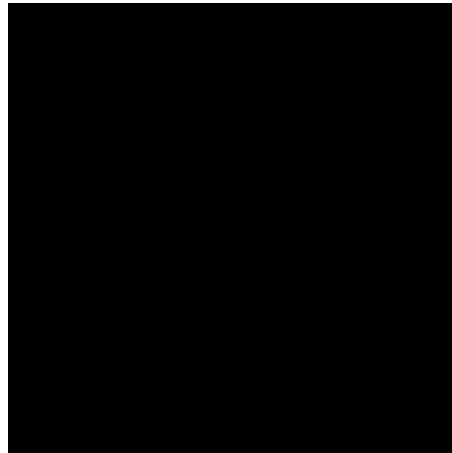
(3030) Telephone Plant In Service(TPIS)

(3031) Total Assets

(3032) Total Debt

(3033) Total Equity

(3034) Dividends



(4005) Rural Broadband Experiment Additional Documentation Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	100019
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<039>	Contact Email Address - Email Address of person identified in data line <030>	dhannan@firstlight.net

4005 Rural Broadband Experiment

Authorized Rural Broadband Experiment (RBE) recipients must address the certification for public interest obligations, provide a list of newly served community anchor institutions, and provide a list of locations where broadband has been deployed.

Public Interest Obligations – FCC 14-98 (paragraphs 26-29, 78)

Please address Line 4001 regarding compliance with the Commission’s public interest obligations. All RBE participants must provide a response to Line 4001.

4001. Recipient certifies that it is offering broadband to the identified locations meeting the requisite public interest obligations consistent with the category for which they were selected, including broadband speed, latency, usage capacity, and rates that are reasonably comparable to rates for comparable offerings in urban areas?

Community Anchor Institutions – FCC 14-98 (paragraph 79)

4003a. RBE participants must provide the number, names, and addresses of community anchor institutions to which they newly deployed broadband service in the preceding calendar year. On this line, please respond (yes – attach new community anchors, no – no new anchors) to indicate whether this list will be provided.

If yes to 4003A, please provide a response for 4003B.

4003b. Provide the number, names and addresses of community anchor institutions to which the recipient newly began providing access to broadband service in the preceding calendar year.	Name of Attached Document Listing Required Information	
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Broadband Deployment Locations – FCC 14-98 (paragraph 80)

4004a. Attach a list of geocoded locations to which broadband has been deployed as of the June 1st immediately preceding the July 1st filing deadline for the FCC Form 481.	Name of Attached Document Listing Required Information	
--	--	--

4004b. Attach evidence demonstrating that the recipient is meeting the relevant public service obligations for the identified locations. Materials must at least detail the pricing, offered broadband speed and data usage allowances available in the relevant geographic area.	Name of Attached Document Listing Required Information	
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Certification - Reporting Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	100019
<015>	Study Area Name	OXFORD COUNTY TEL
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<035>	Contact Telephone Number - Number of person identified in data line <030>	2073333455 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	dhannan@firstlight.net

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Certification - Agent / Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	100019
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<035> Contact Telephone Number - Number of person identified in data line <030>	2073333455 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	dhannan@firstlight.net

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) <u>JSI</u> is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent:	JSI
Name of Reporting Carrier:	OXFORD COUNTY TEL
Signature of Authorized Officer:	CERTIFIED ONLINE Date: 06/30/2017
Printed name of Authorized Officer:	Dawna Hannan
Title or position of Authorized Officer:	Director - ILEC Regulatory Affairs
Telephone number of Authorized Officer:	2073333455 ext.
Study Area Code of Reporting Carrier:	100019 Filing Due Date for this form: 07/03/2017
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier:	OXFORD COUNTY TEL
Name of Authorized Agent Firm:	JSI
Signature of Authorized Agent or Employee of Agent:	CERTIFIED ONLINE Date: 06/30/2017
Name of Authorized Agent Employee:	Cassandra Heyne
Title or position of Authorized Agent or Employee of Agent	Consultant
Telephone number of Authorized Agent or Employee of Agent:	3014597590 ext.
Study Area Code of Reporting Carrier:	100019 Filing Due Date for this form: 07/03/2017
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Oxford Telephone Company 100019 – Line 330

In 2016, Oxford Telephone Company had 5 unfulfilled requests for broadband service. All of the outstanding broadband requests are for customers whose service is in excess of 18,000 feet from the central office. The cost of the build to such sparsely located areas does not make a feasible business case. We continue to monitor these customers and look for grant opportunities to buildout to these customers in programs such as the ConnectME Funding.

Oxford Telephone Company Demonstration of Compliance with Applicable Service Quality Standards and Consumer Protection Rules

In establishing this certification in its *2005 ETC Order*,¹ the FCC found that an ETC must make “a specific commitment to objective measures to protect consumers.”² The Commission found that for wireless ETCs, compliance with CTIA’s Consumer Code for Wireless Service would satisfy this requirement” and that the sufficiency of other commitments would be considered on a case-by-case basis.³ In this context, the FCC stated, “to the extent a wireline or wireless ETC applicant is subject to consumer protection obligations under state law, compliance with such laws may meet our requirement.”⁴

Oxford Telephone Company (“Company”) hereby certifies that to the best of the knowledge of its officers responsible for said matters, it is complying with applicable service quality standards and consumer protection rules. The Company is subject to service quality standards as required by 35-A M.R.S.A. §7225, and to the Maine PUC’s general authority over service quality, which includes service quality standards adopted by the Maine PUC in Chapters 201 and 206 of its Rules. The Company is subject to consumer protection requirements, including, but are not limited to, the following: (1) filing a Provider of Last Resort Tariff pursuant to the requirements of the Maine PUC

¹ *Federal-State Joint Board on Universal Service*, CC Docket No. 96-45, Report and Order, FCC 05-46 (rel. Mar. 17, 2005) (“*2005 ETC Order*”).

² *Id.* at para. 28.

³ *Id.* The FCC noted that under the CTIA Consumer Code, wireless carriers agree to: “(1) disclose rates and terms of service to customers; (2) make available maps showing where service is generally available; (3) provide contract terms to customers and confirm changes in service; (4) allow a trial period for new service; (5) provide specific disclosures in advertising; (6) separately identify carrier charges from taxes on billing statements; (7) provide customers the right to terminate service for changes to contract terms; (8) provide ready access to customer service; (9) promptly respond to consumer inquiries and complaints received from government agencies; and (10) abide by policies for protection of consumer privacy.” *Id.* at n. 71.

⁴ *Id.* at n. 72.

which disclose rates, terms and conditions of service to customers; (2) adherence to Main PUC consumer protection and billing requirements governing telephone providers, including Chapters 206, 289, 290, 292, 294, 296 and 297; and (3) applicable federal and state requirements governing the protection of customers' privacy, including Truth-In-Billing, CPNI, and Red Flag Rules.

The Company is subject to consumer protection obligations for broadband services under federal law. These obligations include, but are not limited to, the following: public disclosure of accurate information regarding network management practices, performance, and commercial terms of broadband internet access services; as a means of providing sufficient information for consumers to make informed choices regarding use of such services, and for content, application, service and device providers to develop, market, and maintain internet offerings as specified in F.C.C. 47 C.F.R. Part 8 §8.3. The Company furthermore will comply with all requirements set forth in the *2015 Open Internet Order* when it becomes effective.

Oxford Telephone Company Demonstration of Ability to Function in Emergency Situations

Oxford Telephone Company (“Company”) hereby certifies that it is able to function in emergency situations as set forth in §54.202(a)(2).¹ The Company’s voice and broadband network is designed to remain functional in emergency situations without an external power source, is able to reroute traffic around damaged facilities, and is capable of managing traffic spikes resulting from emergency situations as required by Section 54.202(a)(2). The Company can change call routing translations as needed to reroute traffic around damaged facilities. Changing call routing translations will also allow the Company to manage traffic spikes throughout its network, as emergency situations require.

Specifically, each central office building is supplied with standby generators and battery back-up that enable the central office to keep running until power is restored so long as fuel is available, or until system changes are made to reroute traffic. The Company has battery backup at all office locations and in its electronic equipment sites. Length of run time is determined by the equipment serving the area and the number of customers working out of the equipment. Generators are installed at all Central Office locations. They will continue to run as long as the Company has access to fuel. The Company complies with the FCC's backup power requirements, effective October 16, 2015.

¹ Section 54.202(a)(2) requires ETCs that are designated by the Commission to “demonstrate its ability to remain functional in emergency situations, including a demonstration that it has a reasonable amount of back-up power to ensure functionality without an external power source, is able to reroute traffic around damaged facilities, and is capable of managing traffic spikes resulting from emergency situations.”

Attachments

REDACTED FOR PUBLIC INSPECTION

**(700) Price Offerings including Voice Rate Data
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	100019
<015>	Study Area Name	OXFORD COUNTY TEL
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Dawna Hannan
<035>	Contact Telephone Number - Number of person identified in data line <030>	2073333455 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	dhannan@firstlight.net

<701> Residential Local Service Charge Effective Date

1/1/2017

<702> Single State-wide Residential Local Service Charge

<703>

[illegible]

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(710) Broadband Price Offerings
Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	100019
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<015>	Study Area Name	OXFORD COUNTY TEL
-------	-----------------	-------------------

<020>	Program Year	2018
-------	--------------	------

<030>	Contact Name - Person USAC should contact regarding this data	Dawna Hannan
-------	---	--------------

<035>	Contact Telephone Number - Number of person identified in data line <030>	2073333455 ext.
-------	---	-----------------

<039>	Contact Email Address - Email Address of person identified in data line <030>	dhannan@firstlight.net
-------	---	------------------------

<711>	<a1>	<a2>	<b1>	<b2>	<c>	<d1>	<d2>	<d3>	<d4>
-------	------	------	------	------	-----	------	------	------	------

[illegible]

REDACTED FOR PUBLIC INSPECTION

(800) Operating Companies Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	100019
<015>	Study Area Name	OXFORD COUNTY TEL
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Dawna Hannan
<035>	Contact Telephone Number - Number of person identified in data line <030>	2073333455 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	dhannan@firstlight.net
<810>	Reporting Carrier	Oxford Telephone Company
<811>	Holding Company	Oxford Telephone and Telegraph
<812>	Operating Company	Oxford Telephone Company

[illegible]



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Lifeline Service Certification of Eligibility for Lifeline Service Application

To enroll in the Lifeline Program, you must meet all qualifications, complete all sections of this application and provide proof of eligibility of benefit. FirstLight will confirm your eligibility for the Lifeline Program.

Applicant (Account Holder) First Name: _____ **MI** _____ **Last Name:** _____

Date of Birth: _____ **Social Security # (Provide last 4 digits only)** _____

Enter Physical Address: _____

Is this a temporary address? YES _____ NO _____ (Note: Temporary address requires re-certification every 90 days)

Enter Billing Address (if different from physical address): _____

Eligible Programs (please circle all that apply):

Medicaid (Federal Program) and any subset Medicaid Programs; Supplemental Nutrition Assistance Program (SNAP); Supplemental Security Income (SSI); Federal Public Housing Assistance (FPHA or Section 8) and Veterans Pension & Survivors Pension benefit. An applicant is also eligible if they have a household gross income at or below 135% of the Federal Poverty Guidelines.

If the basis for qualification is income, enter the number of individuals in applicant's household: _____

Enter Recipients Name on documentation demonstrating program participation (if different from name of applicant above) and include relationship to Account Holder: _____

Certification that Recipient (named on documentation demonstrating program participation) is part of applicant's household (if different from named applicant above): _____

(Applicant Signature)

Certification that Recipient (named on documentation demonstrating program participation) does not already receive Lifeline credits from any other source (if different from named applicant above): _____

(Applicant Signature)

I give FirstLight permission to release to the Universal Service Administrative Company (USAC) or its agent any records required to confirm that my household only receives one Lifeline benefit. If USAC finds that my household receives more than one Lifeline benefit, USAC will notify the telephone companies, and I will have to select one service and I will be de-enrolled from the other. I understand that transmission of this information is required to ensure the proper administration of the Lifeline Program. I also understand that if I refuse to have this information transmitted to USAC, I will be denied Lifeline Program benefits.

(Applicant Signature)

FirstLight completes the following:

Basis for Qualification: _____

Type of documentation reviewed: _____

Date or expiration date of documentation: _____

Identifying information about documentation: _____

Date reviewed: _____

Method documentation was provided: _____

Name or Employee ID of reviewer: _____



REDACTED FOR PUBLIC INSPECTION

Lifeline Service Certification of Eligibility for Lifeline Service Application

Lifeline service may only be obtained for one telephone line or its wireless equivalent per household or Broadband. This includes both wireless and land-line service. If you or any other member of your household are already receiving Lifeline service from any communications or Broadband provider you are **not** eligible to obtain additional Lifeline service. A household is defined, for purposes of the Lifeline program, as any individual or group of individuals who live together at the same address and share income and expenses. A household is not permitted to receive Lifeline benefits from multiple providers. Violation of the one-per-household requirement constitutes a violation of the Federal Communication Commission's rules and will result in the applicant's de-enrollment from the Lifeline program, and could result in criminal prosecution by the United States government. I also understand that Lifeline service is a non-transferable benefit, and that a Lifeline subscriber may not transfer service to any other individual, including another eligible low-income consumer.

I have read and understand this information and I agree to comply: _____

(Applicant initials)

Re-certification Requirements

Applicant understands that they will be required to re-certify on an annual basis, under penalty of perjury, that they continue to qualify to receive Lifeline service. Applicant understands they may be required to re-certify his or her continued eligibility for Lifeline at any time. Failure to comply with re-certification requirements will result in the termination of the applicant's Lifeline benefits.

I have read and understand this information and I agree to comply: _____

(Applicant initials)

Notification Requirements

The applicant must notify its telephone service provider within 30 days if

- (1) the applicant ceases to participate in a federal qualifying program or programs or the applicant's annual household income exceeds 135% of the Federal Poverty Guidelines (if that is the criterion by which that applicant qualified for Lifeline);
- (2) the applicant is receiving more than one Lifeline-supported service; or
- (3) the applicant, for any other reason, no longer satisfies the criteria for receiving Lifeline support.
- (4) the applicant must notify its telephone service provider within 30 days of any change of the customer's address and provide its telephone service provider with the new address.

I have read and understand this information and I agree to comply: _____

(Applicant initials)

IMPORTANT: Applicant understands that Lifeline service is a Federal Government benefit and applicants who willfully make false or fraudulent statements in order to obtain the benefit can be punished by fine or imprisonment and/or can be barred from the program.

I have read and understand this information and I agree to comply: _____

(Applicant initials)

Certification Under Penalty of Perjury

By signing below, the applicant (Account Holder) certifies and attests, under penalty of perjury, that the applicant understands all of the information set forth in this document and the information provided by the applicant is true and correct to the best of the applicant's knowledge; and the applicant understands the notification requirements set forth above; and the applicant understands that failure to follow these notification requirements and/or failure to provide true and accurate information may result in fines or imprisonment.

Date: _____

(Account Holder's Signature)

Mail your completed application and supporting documentation to:
FirstLight, 491 Lisbon St, Lewiston, ME 04240
We can be reached Monday-Friday 8:00 am -5:00 pm at 1-800-520-9911



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2017 Lifeline Program Annual Recertification Form

If you receive a Lifeline Program benefit and would like to recertify your continued eligibility, you must complete and return this form by June 23, 2017. If you do not return this form by June 26 or if the form is incomplete and/or illegible, FirstLight will remove your monthly Lifeline discount. This will result in an increased monthly phone bill.

Section 1 of 3: Subscriber Information

1. First Name:	2. Last Name
3. Lifeline Supported Tele # (if applicable):	4. Date of Birth (mm/dd/yyyy):
5. Last 4 digits of SSN:	6. Last 4 digits of Tribal ID # (if no SSN):
7. I reside on Tribal Lands*: Yes <input type="checkbox"/> No <input type="checkbox"/> (check one) <i>*Tribal lands include any federally recognized Indian tribe's reservation, pueblo, or colony.</i>	

Subscriber's address of primary residence (no PO Box):

8. Street Address:	9. Apt #:
10. City:	11. State & Zip Code
Is this a temporary address? Yes <input type="checkbox"/> No <input type="checkbox"/> (check one)	

Billing Address, if different from service address (may include PO Box):

12. Street Address	13. Apt #:
14. City	15. State & Zip Code

Section 2 of 3: Eligibility Information

Complete this section to indicate that you, a dependent, or a household** member receives benefits from at least one qualifying federal program or qualified through income requirements

*** A household is any individual or group of individuals who live together at the same address and share income and expenses.*

Complete this section if you qualify through a program

Check all programs you/your household participates in:

- ☐ Supplemental Nutrition Assistance Program (SNAP)
☐ Supplemental Security Income (SSI)
☐ Medicaid
☐ Federal Public Housing Assistance
☐ Veterans Pension and Survivors Benefit Programs

Complete this section if you qualify through income

My household income is at or below the amount listed for my state and household size on the chart below. Including myself, my household size is

OR

Tribal-Specific Programs

- ☐ Bureau of Indian Affairs General Assistance
☐ Tribally-Administered Temporary Assistance for Needy Families (TTANF)
☐ Food Distribution Program on Indian Reservations (FDPIR)
☐ Head Start (only households that meet the income qualifying standard)

Household Size	48 Contiguous States and D.C.	Alaska	Hawaii
1	\$16,281	\$20,331	\$18,711
2	\$21,924	\$27,392	\$25,205
3	\$27,567	\$34,452	\$31,698
4	\$33,210	\$41,513	\$38,192
5	\$38,853	\$48,573	\$44,685
6	\$44,496	\$55,634	\$51,179
7	\$50,139	\$62,694	\$57,672
8	\$55,782	\$69,755	\$64,166
For each additional person, add	\$5,643	\$7,061	\$6,494

Please turn over and complete back side of
form

Section 3 of 3: Required Certifications

Initials

Required:



I hereby certify under penalty of perjury that:

☐

1. I (or my dependent or other member of my household) currently receive(s) benefits from the Federal program(s) identified or my annual household income is at or below 135% of the Federal Poverty Guidelines (or the amount that applies to my state as indicated in the charge on page 1)

☐

2. I understand that I must notify my service provider within 30 days (1) of my new address if I move or (2) if for any reason, I no longer satisfy the criteria for receiving Lifeline benefits including: (a) I, or the eligible person in my household, no longer meet the program or income eligibility criteria or (b) my household receives more than one Lifeline discounted service (i.e. more than one Lifeline broadband service, more than one Lifeline telephone service, or both Lifeline telephone and broadband services).

☐

3. I acknowledge that my household can only receive one Lifeline Program benefit and, to the best of my knowledge, my household is not receiving more than one Lifeline Program benefit (i.e. only receiving a benefit for one home phone service or for one mobile phone service, but not both).

☐

4. I agree that my service provider may transmit to the Administrator of the National Lifeline Accountability Database my full name, my full residential address, my date of birth, the last four (4) digits of my Social Security Number, the last four (4) digits of my Tribal Identification Number, the telephone number that is associated with the Lifeline Program benefit, the date on which the Lifeline Program service began, the date on which the Lifeline Program benefit ended, the amount of support sought by my service provider, and the means through which I qualify for the Lifeline Program benefit. I understand that transmission of this information is required to ensure the proper administration of the Lifeline Program. I also understand that if I refuse to have this information transmitted to the Administrator, I will be denied Lifeline Program benefits.

☐

5. All of my responses and acknowledgements provided on this recertification form are true and correct to the best of my knowledge.

☐

6. I acknowledge that willingly making false statements to providing false or fraudulent information to obtain Lifeline Program benefits is punishable by law and can result in fines, imprisonment, de-enrollment, or being barred from the program.

☐

7. I may be required to recertify my continued eligibility at any time and failure to recertify my eligibility for the Lifeline Program will result in my removal from the Lifeline Program and termination of my Lifeline benefit.

☐

8. (Initial only if you checked yes in box 7 on page 1) I am seeking to qualify for Lifeline as an eligible resident of Tribal lands as I live on Tribal lands as defined in Section 54, (400€of the Lifeline rules.

Lifeline is a federal benefit that makes monthly telephone and broadband service more affordable for eligible households. Your household may receive the Lifeline benefit for telephone service OR broadband service, but not both. For Lifeline telephone service, your household may receive the Lifeline benefit for one mobile OR one fixed home telephone service, but not both. For Lifeline broadband service, your household may receive the Lifeline benefit for one mobile broadband OR one fixed broadband service, but not both. Your household may not receive the Lifeline benefit from more than one service provider. For the purpose of Lifeline, a household is an individual or any group of individuals who live together at the same address and share income and expenses. Lifeline is a non-transferable benefit. You may not transfer your Lifeline benefit to another person, even if he or she is eligible. You will lose your Lifeline benefit and may be prosecuted to the United States government if you violate the one-per-household rule or otherwise make false statements to receive the Lifeline benefit.

Signature

Date

Please sign and return the enclosed form to: FirstLight, 491 Lisbon St, Lewiston, ME 04240

Lifeline Reform and Modernization FAQs

December 6, 2016

Background:

On April 27, 2016, the Federal Communications Commission (FCC) released its Lifeline Reform and Modernization Order (FCC 11-42, 09-197 and 10-90) that makes significant changes to the federal Low Income Program. The FCC's goal in this reform and modernization was to establish a number of additional enhancements to the Lifeline Program. These changes have been developed to continue the mission of assisting all Americans to get and stay connected to today's technological climate, while at the same time, relieving some of the burden on the carriers providing the service. Lifeline support lowers the cost of basic, monthly local telephone service as well as Broadband only service (effective 12/2/16).

Customers who receive Lifeline credits are required to recertify annually.

FAQ's:

- **What services can I get the Lifeline discount applied to?**

As of December 2, 2016, the Lifeline discount is available to customers with telephone service, telephone and Internet (broadband) as well as to customers with only Internet (broadband) service.

- **How much is the discount?**

Customers with telephone or telephone and Internet service, qualify for a \$9.25 federal credit as well as an additional \$3.50 state credit. Total credit = \$12.75

Customers with Internet only service, qualify for a \$9.25 federal credit.

- **What programs qualify for the discount?**

If you are a participant of at least one of the following programs, you may be eligible for a discounted monthly rate.

- Medicaid (Federal)
- Supplemental Nutrition Assistance Program (SNAP) (formerly known as food stamps)
- Supplemental Security Income (SSI)
- Federal Public Housing Assistance (FPHA or Section 8)
- Veterans Pension and Survivor Pension benefit
- Household gross income at or below 135% of the Federal Poverty Guidelines.

- **What is the Port Freeze for the Lifeline benefit?**

The "Voice" Port Freeze for the Lifeline benefit is 60 days from the Service Initiation Date. The "Broadband" Port Freeze for the Lifeline benefit is 12 months from the Service Initiation Date.

This means that subscribers will not be able to transfer their Lifeline benefit to a new provider if it falls within the Port Freeze timeframe. There are exceptions to this rule. The exceptions are:

- The subscriber moves their residential address.
- The Provider ceases operations or otherwise fails to provide service.
- The provider has imposed late payment fees for non-payment greater than or equal to the monthly end-user charge for the supported service.
- The provider is found to be in violation of the Commission's rules during the 12-month period and the subscriber is impacted by such violation.

- **What about MaineCare?**

There has been a change in the Federal Lifeline rule that essentially eliminates all State level of oversight or regulation of Lifeline. With this, all of the State programs that allowed a customer to qualify for Lifeline have been removed. If you also participate in one of the Federal programs (list above) you would qualify for the Lifeline discount.

- **Why doesn't Fuel Assistance (LIHEAP) or Temporary Assistance to Needy Families (TANF) or the School Lunch Program qualify anymore?**

There has been a change in the Federal Lifeline rule that essentially eliminates all State level of oversight or regulation of Lifeline. With this, all of the State programs that allowed a customer to qualify for Lifeline have been removed. If you also participate in one of the Federal programs (list above) you would qualify for the Lifeline discount.

- **Why do I have to complete a form and provide so much information before I can get the credit?**

The FCC made significant changes to the Federal Low Income Program back in 2012, one of which is that customers who receive the benefit must provide proof of certification in order to receive the monthly Lifeline Credit. One of the FCCs goal in that reform was to eliminate waste, fraud and abuse in order to yield resources for the program for those most in need, therefore, proof of certification is required before the discount can be added to your account.

- **Why can't you just take my word for it like you did in the past?**

The FCC made significant changes to the Federal Low Income Program back in 2012, one of which is that customers who receive the benefit must provide proof of certification in order to receive the monthly Lifeline Credit. One of the FCCs goal in that reform was to eliminate waste, fraud and abuse in order to yield resources for the program for those most in need, therefore, proof of certification is required before the discount can be added to your account.

- **When do the credits take effect or when will I see the credits on my bill?**

The Lifeline monthly credit takes effect on the date that Oxford Networks is in receipt of the Certification form completed in its entirety, the form is signed and dated and includes proof of eligibility of the benefit.

- **Why can't you go back to the date that my service was installed with the credits?**

The Lifeline monthly credits are not retroactive, but rather take effect on the date that Oxford Networks is in receipt of the Certification form completed in its entirety, the form is signed and dated and includes proof of eligibility of the benefit.

- **I am not going to provide you with the last 4 numbers of my Social Security number.**

I understand your concern; however, without the form completed in its entirety, to include the last 4 numbers of your Social Security number and Date of Birth, you will not qualify for the Lifeline credits.

- **I don't want to give you a copy of my benefit award because it contains personal information.**

We simply need to see the proof of eligibility to confirm receipt of one of the qualifying programs. We will not keep the document on file, but will shred it or mail it back to you. If you prefer, you can bring the document in and take it with you after a Customer Service Representative reviews and confirms it for eligibility.

- **What are the different areas that I am attesting to?**

1. You are signing in certification that the individual named on the documentation demonstrating program participation is part of your household (if the recipient is other than yourself).
2. You are signing in certification that the individual named on the documentation demonstrating program participation does not already receive Lifeline from another source (such as a cell or track phone for example). This falls under the One-Per-Household Requirement.
3. You are also agreeing that you understand the One-Per-Household Requirement, the Recertification Requirements, the Notification Requirement, such as with change in eligibility status, and the Change of Address Notice Requirement.
4. You are also signing your name as Certification Under Penalty of Perjury that the information that you provide is true and correct to the best of your knowledge and that you understand that failure to provide true and accurate information may result in fines or imprisonment.

- **Could I really go to prison?**

Yes, the Lifeline Program and discounted rates are a Federal Government benefit and applicants who willfully make false or fraudulent statements in order to obtain the benefit can be punished by fine or imprisonment and/or can be barred from the program.

Oxford Telephone Company
Provider of Last Resort Retail Service
Schedule of Rates, Terms and Conditions

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SERVICE CHARGES

3.1 General

- A. Service Charges apply to services or equipment ordered or connected into service at the Customer's request including initial connections, moves, and restoration of service. Certain items of equipment in this Tariff are listed with an Installation Charge. This Installation Charge is applied in addition to the appropriate Service Charges listed below.
- B. Service charges apply in addition to, but not in lieu of charges which may be incurred in installations of a temporary or speculative nature.
- C. Service charges are comprised of the following work functions, one or more of which is applicable based upon the service or equipment requested by a Customer.
 - 1. Initial Connection Charge - Applicable for work performed by the Telephone Company in connection with the Initial establishment of or restoration of provider of last resort retail service.
 - 2. Secondary Service Order Charge - Applicable for work performed by the Telephone Company in association with connections, moves or changes to an established provider of last resort retail service
 - 3. Telephone Number Change Charge - Applicable for work performed by the Telephone Company in connection with changing telephone numbers at the customer's request
 - 4. Network Interface/Drop Relocation Charge - Applicable for work performed by the Telephone Company for the relocation of the Network Interface device or aerial/buried drop.
 - 5. Additional Line Connection Charge - is applicable for work performed by the Telephone Company in connection with the installation of additional line(s) at the time of initial establishment of service. Applies when a customer is adding more than one access line at a time (Initial Connection Charge of \$38.00 applies for the first line).

Issued Date: July 31, 2012

Proposed Effective Date: August 30, 2012

Effective Date:

Docket No.:

Effective 8/30/12
Docket No. 2012-396

Craig S. Gunderson

President & CEO

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Oxford Telephone Company
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3.2 Rates

		<u>Nonrecurring Charge</u>	
		<u>Business</u>	<u>Residence</u>
A.	Initial Connection Charge	\$38.00	\$38.00
B.	Secondary Service Order Charge	\$ 5.00	\$ 5.00
C.	Telephone Number Change Charge	\$15.00	\$15.00
D.	Network Interface/Drop Relocation Charge	\$20.00	\$20.00.
E.	Additional Line Connection Charge	\$20.00	\$20.00

3.3 Application of Service Charges

- A. The Initial Connection Charge is applicable for requests for:
1. Initial connection of provider of last resort retail service
 2. Transfer of provider of last resort retail service involving a request for a final bill or, if a final bill is not requested, a refusal of the future Customer to accept full responsibility for the former Customer's account.
- B. The Secondary Service Order Charge is applicable for subsequent Customer requests for connections, moves or changes to an established provider of last resort retail service.
- C. The Initial Connection Charge and the secondary service order charge cannot be applied on the same order. When an order requires work for which both the Initial Connection Charge and secondary service order charge would otherwise be applied, only the Initial Connection Charge is applicable.
- D. Discontinuance of Service Charge An Initial Connection Charge will apply for restoration of service following disconnection for nonpayment.

Issued Date: July 31, 2012

Proposed Effective Date: August 30, 2012

Effective Date:

Docket No.:

Effective 8/30/12
Docket No. 2012-396



Craig S. Gunderson
 President & CEO

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**Oxford Telephone Company
Provider of Last Resort Retail Service
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- E. In the case of equipment for which the initial Contract (termination agreement) period is more than one month at the same location, the Subscriber may arrange for the change of location on the same or to different Premises in the same Exchange area by one of the following methods:
1. By terminating the Contract for service at the old location, and signing a new application. In this case the Subscriber is required to pay the sum of any Termination Charges which may be applicable plus the Installation Charges which would apply in the case of a new installation.
 2. By paying the Cost of making the change in location including the Cost of removing all the equipment from the old locations and the Cost of installing the equipment at the new locations. In this case the Contract period is not affected.

3.4 Exceptions

- A. Service Charges do not apply for the following:
1. Visits to a Customer's Premises solely for the purpose of repair, maintenance or disconnection of Telephone Company provided service and equipment.
 2. Changes from Premium to Economy service or changes from any service other than Provider of Last Resort Retail Service to Provider of Last Resort Retail Service.
 3. Service reestablished after the destruction of the residential Customer's Premises by fire, flood, or other similar causes beyond the Customer's control, where the same amount of service is reestablished within a reasonable period of time at the same or different location. If, under the preceding conditions, service is installed at another location and then subsequently reestablished at the original location, Service Charges will apply for the subsequent installation.

Issued Date: July 31, 2012

Proposed Effective Date: August 30, 2012

Effective Date:

Docket No.:

**Effective 8/30/12
Docket No. 2012-396**



Craig S. Gunderson
President & CEO

REDACTED FOR PUBLIC INSPECTION

**Oxford Telephone Company
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4. A change of telephone number when initiated by the Company.
5. Any work functions required not due to Customer's request.

B. To the extent the Commission requires application of a discount to installation charges for customers who have complied with the certification requirements and qualified for Lifeline service pursuant to Part 54 of the Rules of the Federal Communications Commission, Company shall apply such Commission ordered discounts to the installation charges associated with an initial connection of provider of last resort retail service.

Issued Date: July 31, 2012

Proposed Effective Date: August 30, 2012

Effective Date:

Docket No.:

**Effective 8/30/12
Docket No. 2012-396**



Craig S. Gunderson
President & CEO

REDACTED FOR PUBLIC INSPECTION

**Oxford Telephone Company
Provider of Last Resort Retail Service
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Residential Economy Service

4.1 Eligibility

- A. Residential service rates shall apply if the service is primarily for domestic purposes and the telephone number associated with the service is not included in any form of advertising for any business purpose.
- B. Business rates shall apply for any service that does not qualify for residential service rates as set forth in Section 4.1.A. Customers to whom business rates apply are not eligible to take Residential Economy Service.

4.2 Definitions

- A. Basic Service Calling Area – (BSCA) is the local (non-interexchange) calling area of the “home exchange” of a customer of Oxford Telephone Company. The BSCA includes all exchanges that were in the BSCA prior to the amendments effective in December 2002 plus all exchanges that are contiguous to the home exchange that were not included prior to the December 2002 amendments. Within a BSCA, there may be Economy and Premium calling options with flat-rate and per-minute pricing as specified in the definitions of those options. For all options, the BSCA includes all of the exchanges that are included in the calling option with the largest flat-rate calling area.
- B. Home Exchange – is the Exchange of the Company where the Customer receives dial tone.
- C. Economy Calling Area is the Customer’s basic-service calling area that has a flat monthly rate for unlimited calling within the Customer’ Home Exchange and the list of Exchanges identified in connection with the particular Home Exchange in Section 4.4.A and a per-minute rate for calling to the list of Exchanges identified in connection with the Home exchange in Section 4.4.C of this Tariff.

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Proposed Effective Date: August 30, 2012

Effective Date:

Docket No.:

Effective 8/30/12

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Residential Economy Service (cont.)

- D. Provider of last resort service – is a flat- rate service with voice grade access to the public switched telephone network; local usage within the basic service calling areas of incumbent local exchange carriers as of January 1, 2012; dual-tone multi-frequency signaling or its functional equivalent; single-party service or its functional equivalent; access to emergency services; access to operator services; access to interexchange service; access to directory assistance; toll limitation for qualifying low-income customers; and the capacity to maintain uninterrupted voice service during a power failure, either through the incorporation into the network or network interface devices of suitable battery backup or through electric current. For purposes of this Schedule, all terms included within the definition of provider of last resort service have the same meanings as set forth in 35-A MRSA § 7201.
- E. Residential Economy Service – is provider of last resort service offered to residential customers on a retail basis with the Economy Service Area as the Customer's Basic Service Calling Area.

4.3 Regulations Concerning Residential Economy Service.

- A. Calls Outside the Economy Calling Area – Residential Economy Service customers may make local calls from their Home Exchange to the additional Exchanges included in Section 4.4.C at a per-minute rate. The per-minute rate for such calls is set forth in Section 4.4.D of this Tariff. Calls made from the Home Exchange to locations within the State of Maine, other than those listed in Section 4.4 are billed to the Customer at the applicable intrastate toll rates of the carrier used to provide Customer's intrastate toll service.
- B. Municipal Calling Service – Customer shall receive toll free calling to any other customer of a Provider of Last Resort within the municipality in which Customer resides where practicable so long as Customer is utilizing an intralata toll provider for whom Company provides billing to the Customer. In the event Customer is charged by an intralata toll provider for whom Company provides billing to the Customer for a call to a Provider of Last Resort customer within the municipality in which Customer resides, Company shall remove any charges associated with any such municipal calling from the customer's bill when notified by the customer.
- C. Changes in Calling Areas – The Customer's initial selection of either the Economy Calling Area Service offering or the Premium Calling Area Service offering is without charge. Subsequent changes by the Customer

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Residential Economy Service (cont.)

are subject to the applicable Service Order Charge as identified in this Tariff. If only one Calling Area Service offering is available for an Exchange, the Customer will automatically be classified under the available service offering and no charge will apply.

- D. Rates – The applicable rates for the Company's Residential Economy Service are listed in Sections 4.4.B and 4.4.D of this Tariff.
- E. Lifeline – Company complies with all provisions set forth in Part 54 of the Rules of the Federal Communications Commission and shall offer all applicable State and Federal discounts to customers who have been properly certified as qualifying for Lifeline service pursuant to Part 54 of the Rules of the Federal Communications Commission.

4.4 Calling Area Rates and List of Exchanges

- A. List of Exchanges Where Flat-Rated Calling Applies

Home Exchange	Unlimited Flat-Rated Calling to the Following Exchanges
Buckfield	Buckfield, North Turner, Turner, Sumner, West Paris
Canton	Turner, North Turner, Buckfield, Sumner, Canton, West Paris
North Turner	North Turner, Turner, Buckfield, Sumner, Canton
Sumner	North Turner, Turner, Buckfield, Sumner, Canton, West Paris
Turner	Turner, North Turner, Buckfield
West Paris	West Paris, Buckfield, Sumner, Bryant Pond

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Residential Economy Service (cont.)

B. Monthly Rates for Unlimited Flat-Rated Calling

Home Exchange	Rate
Buckfield	\$11.85 Residential Economy
Canton	\$11.85 Residential Economy
North Turner	\$11.85 Residential Economy
Sumner	\$11.85 Residential Economy
Turner	\$11.85 Residential Economy
West Paris	\$11.85 Residential Economy

C. List of Exchanges Where Per-Minute Charges Apply

Home Exchange	Per-Minute Rated Calling to the Following Exchanges
Buckfield	Lewiston, Canton, Hebron, Norway
Canton	Dixfield, Livermore, Wilton
North Turner	West Paris, Lewiston, Livermore, Hebron, Greene, Leeds
Sumner	Bryant Pond, Dixfield
Turner	West Paris, Canton, Sumner, Lewiston, Hebron, Livermore, Greene, Leeds
West Paris	Canton, North Turner, Turner, Norway, Locke Mills, North Norway

- D.** The per-minute rate for calls made from Customer's Home Exchange to the applicable Exchanges listed in Section 4.4.C above is \$0.05 per minute.

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Residential Premium Service

5.1 Eligibility

- A. Residential service rates shall apply if the service is primarily for domestic purposes and the telephone number associated with the service is not included in any form of advertising for any business purpose.
- B. Business rates shall apply for any service that does not qualify for residential service rates as set forth in Section 5.1.A. Customers to whom business rates apply are not eligible to take Residential Premium Service.

5.2 Definitions

- A. Basic Service Calling Area – (BSCA) is the local (non-interexchange) calling area of the “home exchange” of a customer of Oxford Telephone Company. The BSCA includes all exchanges that were in the BSCA prior to the amendments effective in December 2002 plus all exchanges that are contiguous to the home exchange that were not included prior to the December 2002 amendments. Within a BSCA, there may be Economy and Premium calling options with flat-rate and per-minute pricing as specified in the definitions of those options. For all options, the BSCA includes all of the exchanges that are included in the calling option with the largest flat-rate calling area.
- B. Home Exchange – is the Exchange of the Company where the Customer receives dial tone.
- C. Premium Calling Area is the Customer’s basic-service calling area that has a flat monthly rate for unlimited calling within the Customer’ Home Exchange and the list of Exchanges identified in connection with the particular Home Exchange in Section 5.4.A of this Tariff.
- D. Provider of last resort service – is a flat- rate service with voice grade access to the public switched telephone network; local usage within the basic service calling areas of incumbent local exchange carriers as of January 1, 2012; dual-tone multifrequency signaling or its functional equivalent; single-party service or its functional equivalent; access to emergency services; access to operator services; access to interexchange service; access to directory assistance; toll limitation for qualifying low-income customers; and the capacity to maintain uninterrupted voice service during a

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Residential Premium Service (cont.)

power failure, either through the incorporation into the network or network interface devices of suitable battery backup or through electric current. For purposes of this Schedule, all terms included within the definition of provider of last resort service have the same meanings as set forth in 35-A MRSA § 7201.

- E. Residential Premium Service – is provider of last resort service offered to residential customers on a retail basis with the Premium Service Area as the Customer's Basic Service Calling Area.

5.3 Regulations Concerning Residential Premium Service.

- A. Calls Outside the Premium Calling Area – Calls made from the Home Exchange to locations within the State of Maine, other than those listed in Section 5.4 are billed to the Customer at the applicable intrastate toll rates of the carrier used to provide Customer's intrastate toll service.
- B. Municipal Calling Service – Customer shall receive toll free calling to any other customer of a Provider of Last Resort within the municipality in which Customer resides where practicable so long as Customer is utilizing an intralata toll provider for whom Company provides billing to the Customer. In the event Customer is charged by an intralata toll provider for whom Company provides billing to the Customer for a call to a Provider of Last Resort customer within the municipality in which Customer resides, Company shall remove any charges associated with any such municipal calling from the customer's bill when notified by the customer.
- C. Changes in Calling Areas – The Customer's initial selection of either the Economy Calling Area Service offering or the Premium Calling Area Service offering is without charge. Subsequent changes by the Customer are subject to the applicable Service Order Charge as identified in this Tariff. If only one Calling Area Service offering is available for an Exchange, the Customer will automatically be classified under the available service offering and no charge will apply.

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Residential Premium Service (cont.)

- D. Rates – The applicable rates for the Company's Residential Premium Service are listed in Section 5.4.B of this Tariff.
- E. Lifeline – Company complies with all provisions set forth in Part 54 of the Rules of the Federal Communications Commission and shall offer all applicable State and Federal discounts to customers who have been properly certified as qualifying for Lifeline service pursuant to Part 54 of the Rules of the Federal Communications Commission.

5.4 Calling Area Rates and List of Exchanges

- A. List of Exchanges Where Flat-Rated Calling Applies

Home Exchange	Unlimited Flat-Rated Calling to the Following Exchanges
Buckfield	Buckfield, Turner, North Turner, Sumner, Canton, West Paris, Lewiston, Hebron, Norway
Canton	Canton, Turner, North Turner, Buckfield, Sumner, West Paris, Dixfield, Livermore, Wilton
North Turner	North Turner, Turner, Buckfield, Sumner, Canton, West Paris, Lewiston, Livermore, Hebron, Greene, Leeds
Sumner	Sumner, Turner, North Turner, Buckfield, Canton, West Paris, Bryant Pond, Dixfield
Turner	Turner, North Turner, Buckfield, Sumner, Canton, West Paris, Lewiston, Livermore, Hebron, Greene, Leeds
West Paris	West Paris, Turner, North Turner, Buckfield, Sumner, Canton, Bryant Pond, Norway, North Norway, Locke Mills

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Residential Premium Service (cont.)

B. Monthly Rates for Unlimited Flat-Rated Calling

Home Exchange	Rate
Buckfield	\$16.89 Residential Premium
Canton	\$16.89 Residential Premium
North Turner	\$16.89 Residential Premium
Sumner	\$16.89 Residential Premium
Turner	\$16.89 Residential Premium
West Paris	\$16.89 Residential Premium

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Craig S. Gunderson
President & CEO

Oxford Telephone Company (SAC 100019)

Response to Line 3010 – Milestone Certification (47 CFR §54.313(f)(1)(i))

Oxford Telephone Company hereby certifies that throughout 2016, it took reasonable steps to provide upon reasonable request broadband service at actual speeds of at least 10 Mbps downstream/1 Mbps upstream, with latency suitable for real-time applications, including Voice over Internet Protocol, and usage capacity that is reasonably comparable to comparable offerings in urban areas and that requests for such service are met within a reasonable amount of time. If a request for broadband service at actual speeds of at least 10 Mbps downstream/1 Mbps upstream is unreasonable, the Company offers broadband service at the highest available speed.

Before the
FEDERAL COMMUNICATIONS COMMISSION
Washington, D.C. 20554

In the Matter of)	
)	
ETC Annual Reports and)	WC Docket No. 14-58
Certifications)	

**PETITION OF OXFORD TELEPHONE COMPANY AND OXFORD WEST
TELEPHONE COMPANY FOR LIMITED WAIVER OF SECTION 54.313(f)(2)(ii)**

Oxford Telephone Company and Oxford West Telephone Company (“Oxford and Oxford West” or the “Companies”) pursuant to Section 1.3 of the Federal Communications Commission’s (“FCC” or “Commission”) Rules¹ request a limited waiver of the requirement specified in Section 54.313(f)(2)(ii).² This rule requires privately held rate-of-return carriers that are not recipients of loans from the Rural Utilities Service (“RUS”) whose financial statements are audited in the ordinary course of business to file a copy of their audited financial statement with their ETC Annual Report (otherwise known as the “Form 481”).³

As demonstrated herein, “good cause” exists to allow the Companies a one-month limited waiver to submit the finalized version of their annual financial audit report after the July 3, 2017 deadline to submit their Form 481. Due to delays caused by the auditing process, which were unforeseen by the Companies, the audit reports will not be available by the July 3 deadline. Oxford and Oxford West had been informed all along by its auditor that the audits would be completed before July 3, and were only told on June 29 that there would be a delay. Oxford and

¹ 47 C.F.R. §1.3

² 47 C.F.R. § 54.313 (f)(2)(ii).

³ *Id.* Alternatively, the carrier may file “a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers, accompanied by a copy of a management letter issued by the independent certified public accountant that performed the company's financial audit.” *Id.*

Oxford West will be submitting draft versions of the reports in their Form 481s and will populate the Lines 3027 – 3034 with the required financial data. Accordingly, the public interest would be served by allowing the Companies additional time to supplement their Form 481 with the finalized version of the audit reports.

I. Background

Oxford and Oxford West are privately held rate-of-return carriers that are not recipients of loans from RUS and have financial statements that are audited in the ordinary course of business. Each year in the past, the Companies' external auditors, Macpage LLC ("Macpage") prepares an audit report for the Companies. In 2016, the Companies changed ownership and the audit preparation process was transferred to RMS, who is a new external auditor to the Companies.

II. Grant of this Waiver is Warranted

Generally, the Commission's rules may be waived for good cause shown.⁴ Furthermore, the Commission may exercise its discretion to waive a rule where the particular facts make strict compliance inconsistent with the public interest.⁵ As demonstrated herein, grant of this petition is warranted.

Oxford and Oxford West and RMS have been working diligently in preparing the audit reports for 2016. However, the finalized version of the reports will not be completed until after the July 3, 2017 deadline due to delays in completing the audits. During the weeks leading up to the July 1 deadline, the Companies contacted the auditors repeatedly seeking a status on the completion of the audit and reminding them that it needed to be completed before July 3 to ensure compliance with FCC rules. The auditor assured the Companies that the audit would be

⁴ 47 C.F.R. § 1.3.

⁵ *Northeast Cellular Telephone co. v. FCC*, 897 F.2d 1164, 1166 (D.C. Cir. 1990) (*Northeast Cellular*).

completed on time. On June 29, the auditor informed Oxford and Oxford West that more time was needed for completing the audit.

Although the finalized version of the audit report will not be completed until after July 3, the Companies have been provided with draft versions of the report. Accordingly, the Companies will submit the draft versions in their FCC Form 481 filing. Further, the Companies will populate that data in Lines 3027 – 3034 of their respective Form 481s. Accordingly, waiver of Section 54.313(f)(2)(ii) is sought only to be able to supplement the Form 481s within one months after the filing deadline so that the finalized version of the audit report can replace the draft version. Such a limited waiver would further the public interest as strict compliance with this rule could result in the Companies having their high cost universal service support reduced on a pro-rata daily basis equivalent to the period of non-compliance,⁶ an extremely harsh penalty for rural rate-of-return carriers, particularly in this instance where the delayed audits were caused by an external entity.

Respectfully submitted,
Oxford Telephone Company and Oxford West
Telephone Company

By: /s/ Dawna Hannan

Dawna Hannan
Director - ILEC Regulatory Affairs
491 Lisbon Street
Lewiston, Maine 04240-7418

June 30, 2017

⁶ See 47 C.F.R. § 54.313(j).

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ATTACHMENT - LINE 3026

ATTACHMENT REDACTED IN ENTIRETY